

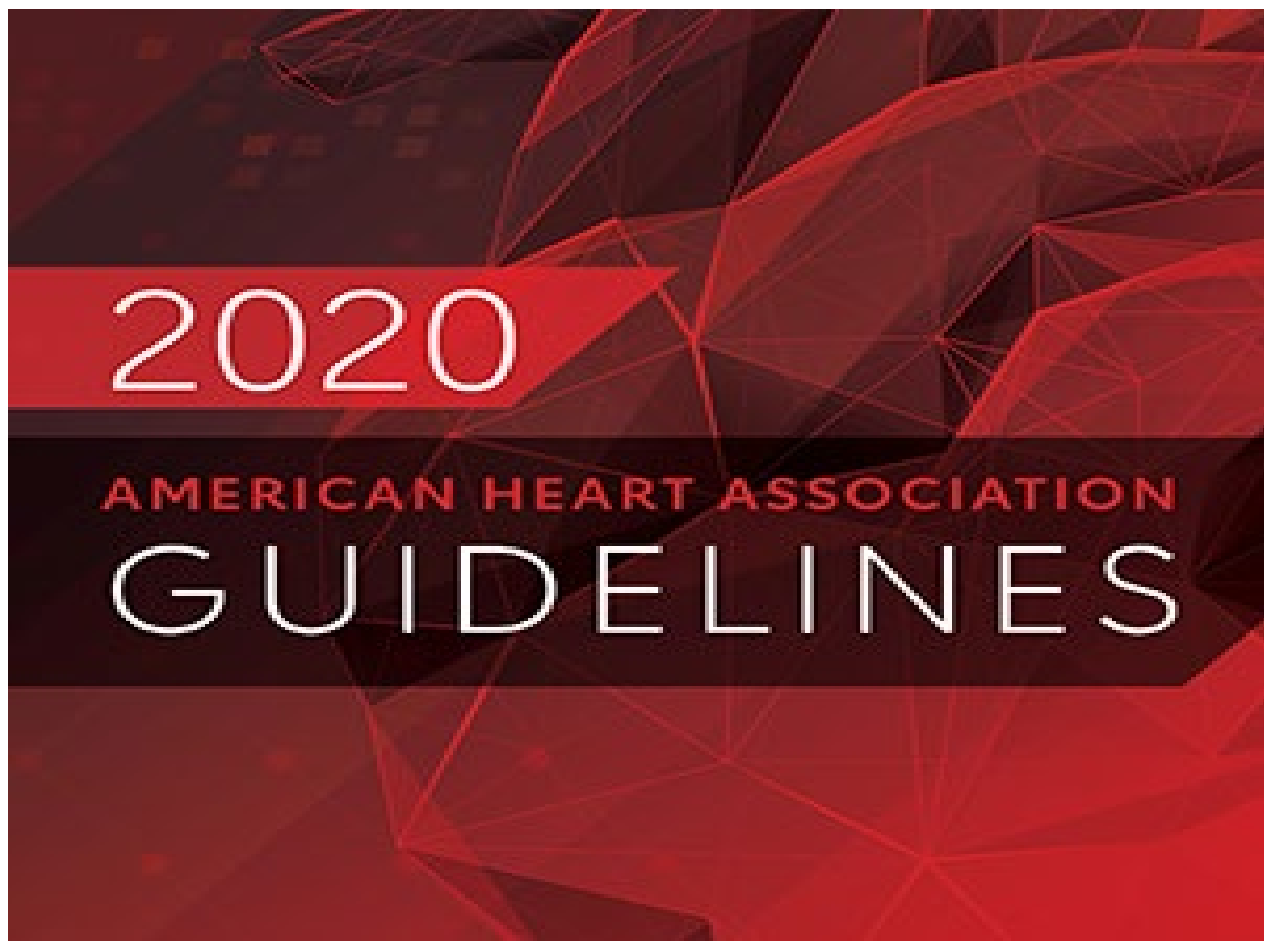
2020 American Heart Association Guidelines: Updates, Education, & Compliance in the Emergency Care Center and the Acute Care Setting

BACKGROUND

- Sudden cardiac arrest is the leading cause of death in the U.S. affecting more than 350,000 Americans annually
- Advanced Cardiac Life Support is the essential component for saving lives during cardiac arrest
- The American Heart Association (AHA) uses science & validated educational research to convert scientific knowledge into practice
- The AHA emphasizes reducing knowledge gap in treating patients
- Extension of stroke treatment windows aim to improve clinical outcomes

PURPOSE

- Successful resuscitation requires rapid identification & coordinated action by trained providers
- Resuscitation training increases familiarity and effectiveness in response to cardiac arrests
- Research in emergency cardiac care & stroke continue to improve cardiovascular care



REFERENCES

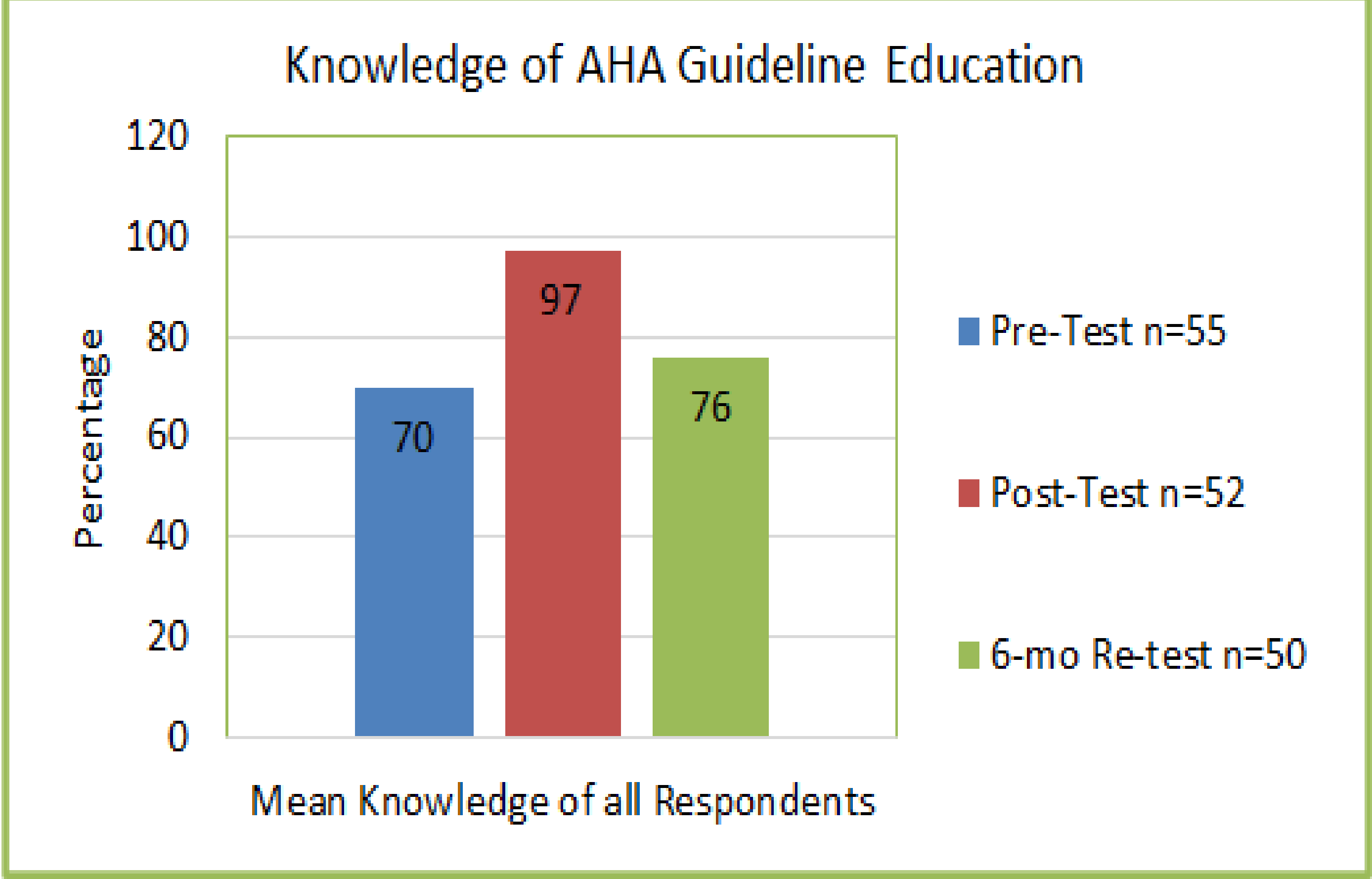
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METHODS

- Design: Evidence-based Quality Improvement
- Participants: Emergency Department RNs & physicians
- Procedure:
 - Pretest given
 - Education provided during micro-teaching opportunities: Annual Skills Day instruction, ED staff meetings & monthly MD meetings
 - Education centered on:
 - Ventilation ratios/Oxygen titration post arrest/s
 - Medication dosage changes
 - Algorithm changes
 - Stroke care expansion of endovascular treatment
 - Posttest identical to pretest used to assess learning (immediate post-education & 6 month follow up)
 - Guideline changes implemented into BLS, ACLS & PALS courses
 - AHA messages were highlighted on television marques throughout the hospital campus
 - Code record Review

RESULTS AND OUTCOMES

- Knowledge gaps exist despite education - as determined by pretest/posttest
- Overall staff knowledge improved 39% from pre to immediate posttest quiz during staff meetings
- 6 month posttest revealed knowledge degradation
- 90% of RN documentation on paper Code Record followed AHA guideline recommendations for Epinephrine administration
- Challenges exist in the documentation of stroke care to extend the window of intervention
- Difficult to confirm MD orders on paper documentation
- Compliance of paper cardiac Code Records reviewed noted variances/absences in rhythm recognition to support treatment



DISCUSSION

- Implementation of new EHR & unfamiliarity of manuscript in EHR resulted in conflicting documentation
- Charting practices differ amongst all nursing units; paper vs electronic documentation
- Frequent re-training & coaching sessions are necessary
- Review of Code Record completeness requires immediate feedback

CONCLUSIONS

- Re-training, simulation exercises & testing should be offered more frequently to promote retention & learning
- Stroke & cardiac care education need to be offered concurrently